

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

DATA ACQUISITION FOR MAGNETIC RESONANCE IMAGING TECHNIQUE

the specification of which (check one)

☐ is attached hereto.

☐ was filed on _____ as Application Serial No.
_____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application or to the patentability of the invention claimed therein in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

			<u>Priority Claim</u>	
(Number)	(Country)	(Day/Month/Year filed)	Yes	No
_____	_____	_____	_____	_____
(Number)	(Country)	(Day/Month/Year filed)	Yes	No
_____	_____	_____	_____	_____
(Number)	(Country)	(Day/Month/Year filed)	Yes	No
_____	_____	_____	_____	_____

DECLARATION AND POWER OF ATTORNEY

Full name of second inventor, if any: Kostaki G. Bis, M.D.

Inventor's signature: _____

Date: _____

Residence: 1911 Sherwood Glen, Bloomfield Hills, Michigan 48302-1773

Citizenship: U.S.A.

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